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FROM: Michael R. Ward  
Reg. No. 38,651

DATE: December 7, 2005

Number of pages with cover page:	6	
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**RE: U.S. Patent Application Serial No. 09/623,533**  
**For: LONG LASTING FUSION PEPTIDE**  
**By: Dominique P. BRIDON et al.**  
**Examiner: J. Parkin**  
**Group Art Unit: 1648**  
**Our Reference: 50086-20015.20**

**ATTACHED DOCUMENTS:**

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate – 2 pages)
3. Request for Extension of Time (1 page)
4. Notice of Appeal (1 page)

**COMMENTS:**

Please see attached documents. Thank you.

sf-2046511

PAGE 1/6 \* RCVD AT 12/7/2005 7:44:46 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-6/30 \* DNIS:2738300 \* CSID:415 2687522 \* DURATION (mm:ss):02:48

IFN did not receive page 4 of 6

PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

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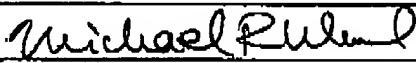
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/623,533
		Filing Date	September 5, 2000
		First Named Inventor	Dominique P. BRIDON
		Art Unit	1648
		Examiner Name	J. Parkin
Total Number of Pages in This Submission	5	Attorney Docket Number	500862001520

**ENCLOSURES (Check all that apply)**

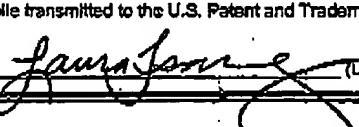
<input checked="" type="checkbox"/> Fee Transmittal Form – in duplicate, 2 pgs. <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) – 1 pg. <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Coversheet
<input type="checkbox"/> Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	December 7, 2005	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to fax no. 671-273-8300, on the date shown below.

Dated: December 7, 2005

Signature:  (Laura Tseng)

sf-2046343

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b>	
		Application Number	09/623,533
		Filing Date	September 5, 2000
		First Named Inventor	Dominique P. BRIDON
		Examiner Name	J. Parkin
		Art Unit	1648
		Attorney Docket No.	500862001520
		<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>DEC 07 2005</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>760.00</b>			

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
15	0	25.00	0.00

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

<u>Index. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
2	0	100.00	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):	Notice of appeal	250.00
	Request for Three Month of Extension of Time	510.00

<b>SUBMITTED BY</b>			
<u>Signature</u>	<u>Michael R. Ward</u>		Registration No. (Attorney/Agent) <u>38,651</u>
Name (Print/Type)	Michael R. Ward		Telephone <u>(415) 268-6237</u>
			Date <u>December 7, 2005</u>